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PTO/SB/17 (12/97)

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Complete if Known

FEE TRANSMITTAL

Note: Effective November 10, 1998.
 Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 980.00)

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number
Depositor Business Name

05-0840

Eli Lilly and Company

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Charge the same fee set in 37 CFR 1.16 at the mailing of the Notice of Allowance

2. Payment Enclosed:

 Check Money Order Other

FEE CALCULATION

1. FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Description	Fee Paid
101	750	201	395	Utility filing fee	
106	350	306	175	Design filing fee	
107	550	207	275	Plant filing fee	
108	750	260	395	Reissue filing fee	
214	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. CLAIMS		Enter #	Fee from below	Fee Paid
Total Claims		-20**	X 18	=
Independent Claims		-3**	X 85	=
Multiple Dependent Claims (first time)			300	=

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	88	203	44	Independent claims in excess of 3
104	300	204	150	Multiple dependent claim
109	88	208	44	Reissue independent claims over original patent
210	18	210	9	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 980.00)

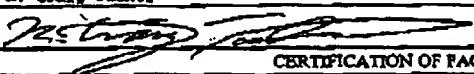
Complete (if applicable)

Reg. Number 45,163

Date October 28, 2004

SUBMITTED BY

Typed Name R. Craig Tucker

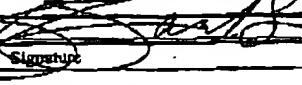
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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office at 703-272-9386 on the date shown below.

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